

Revenue Collections Operations

Licensing Office
55 North Center Street
Mesa, AZ 85201

**Mailing Address**

PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Phone
(480) 644-3999 Fax

APPLICATION FOR MESA CONVENTION CENTER EXHIBITOR LICENSE
NON-REFUNDABLE **\$5.00** DUE AT THE TIME OF APPLICATION

Start Date of Activity	This license will be good for 30 days from start date of activity.
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SECTION I. BUSINESS INFORMATION

Business Name (DBA)		
Address 201 N. Center St		
City Mesa	State AZ	Zip 85201
Home/Business Phone Number	E-mail address	
Cell Phone Number		

Office Use Only

License #

SIC Code

Initials

SECTION II. MAILING ADDRESS

Mail To Name		
Mailing Address		
City	State	Zip

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: ☐ Individual ☐ LLC ☐ Corporation - State _____ ☐ Partnership ☐ Ltd. Partnership ☐ Other _____

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name		Title	
	Home Address		Social Security #	
	City	State	ZIP Code	Phone No. ()
	Name		Title	
	Home Address		Social Security #	
	City	State	ZIP Code	Phone No. ()
Location Where Business Records Are Kept	Name		Phone No. ()	
	Address	City	State	ZIP Code

Section IV. Business Activity

Event Name	
Describe Type of Inventory Sold	

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city.

Print Name	Signature	Title	Date
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